

Home and Community-Based Services (HCBS) Rules DEPARTMENT FUNDING GUIDANCE

The Home and Community-Based Services (HCBS) rules ensure that people with disabilities have full access to, and enjoy the benefits of, community living through long-term services and supports in the most integrated settings of their choosing. In order to assist in determining eligibility for compliance funding, providers must complete this evaluation. Both “Yes” and “No” answers require an explanation. A “No” response *could* mean a service setting is out of compliance with the HCBS rules and is potentially eligible for funding to make necessary adjustments. Once this evaluation is completed, it should act as a guide for filling out the provider compliance funding concept, which is required for any provider to be eligible for compliance funding. **Completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules. Only providers requesting compliance funding need to complete this evaluation.**

Federal Requirements #1-5 apply to providers of all services, including residential and non-residential settings. Federal Requirements #6-10 are additional requirements that apply only to provider-owned or controlled residential settings.

The column labeled “Guidance” contains a series of questions intended to help identify compliance or non-compliance with each requirement as it relates to the HCBS rules. While responses to these questions can help in the determination of whether or not a particular requirement is met, these responses may not be the sole factor in this determination.

More information on the HCBS rules and this form can be found at <https://www.dds.ca.gov/initiatives/cms-hcbs-regulations/>.

Questions may be directed to HCBSregs@dds.ca.gov.

Date(s) of Evaluation: 01/21/2021	Completed by: Doreen Khan
Vendor Name, Address, Contact: Sutro Home 22964 Sutro Street, Hayward Ca 94541 Sutrohome@gmail.com (510)303-0553	
Vendor Number: HB1001	
Service Type and Code: Adult Residential Facility (ARF) 915	

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<p><u>Federal Requirement #1:</u> <i>The setting is integrated in, and supports full access of individuals receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals receive services in the community based on their needs, preferences and abilities? • Does the individual participate in outings and activities in the community as part of his or her plan for services? • If an individual wants to seek paid employment, does the home staff refer the individual to the appropriate community agency/resource? • Do individuals have the option to control their personal resources, as appropriate?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: All individuals served receive services in the community pre-covid based on their need, preferences and abilities. Home is ensuring that all individuals attend suitable adult day programs and community outings and events which offer them opportunities for social, recreational and employment opportunities based on their Individual Program Plan.</p>	
<p><u>Federal Requirement #2:</u> <i>The setting is selected by the individual from among setting options, including non-disability-specific settings and an option for a private unit in a residential setting. The setting options are identified and documented in the person-centered service plan and are based on the individual's needs, preferences, and, for residential settings, resources available for room and board.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider have a current regional center Individual Program Plan (IPP) on file for all individuals? • Does each individual's IPP document the different setting options that were considered prior to selecting this setting?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: All individuals served have an IPP on file which identifies that the decision for placement was the choice of the individual or the Interdisciplinary team which includes the Individual, parents, friends, conservators and social worker who all are looking out for best interest and outcomes of the Individual. Thus an environment is chosen that the individual can thrive in and be successful.</p>	
<p><u>Federal Requirement #3:</u></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider inform individuals, in a manner they can

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<p><i>Ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint.</i></p>	<p>understand, of their rights to privacy, dignity, respect, and freedom from coercion and restraint?</p> <ul style="list-style-type: none"> • Does the provider communicate, both verbally and in writing, in a manner that ensures privacy and confidentiality? • Do staff communicate with individuals based on their needs and preferences, including alternative methods of communication where needed (e.g., assistive technology, Braille, large font print, sign language, participants' language, etc.)?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Although some individuals served at the facility have challenges in communication, facility makes every effort to identify means that they are able to communicate with the individual including, translation services, voice apps, google translate, using language translate, bigger fonts, pictures, gestural prompts including sign language as appropriate. Facility will also reach out to the IDT including friends and family if there are challenges to explore alternate options that can be utilized.</p>	
<p><u>Federal Requirement #4:</u> <i>Optimizes but does not regiment individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider offer daily activities that are based on the individual's needs and preferences? • Does the provider structure their support so that the individual is able to interact with individuals they choose to interact with, both at home and in community settings? • Does the provider structure their support so that the individual is able to participate in activities that interest them and correspond with their IPP goals?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Individuals are encouraged to optimize their independence in making life choices, including socialization, outings, activities and physical environment and other areas based on the individual's needs and preferences that correspond with their IPP goals at the home and in the community setting.</p>	

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<p><u>Federal Requirement #5:</u> <i>Facilitates individual choice regarding services and supports, and who provides them.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Does the provider support individuals in choosing which staff provide their care to the extent that alternative staff are available? • Do individuals have opportunities to modify their services and/or voice their concerns outside of the scheduled review of services?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: Program makes every effort to provide alternate staffing options, for example, when a situation escalates to a level that intervention is necessary by a third person, compatibility, Individual choices are always honored and Individuals are always educated to exercise this choices by using appropriate manner for example use words to communicate their dislike or disagreement instead of using negative behavior. They are always encouraged to exercise their choice and every effort is made to honor and respect those choices.</p>	

<p><u>Federal Requirement #6:</u> <i>The unit or dwelling is a specific physical place that can be owned, rented or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city or other designated entity. For settings in which landlord/tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord/tenant law.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • As applicable, does each individual have a lease, residency agreement, admission agreement, or other form of written residency agreement? • Are individuals informed about how to relocate and request new housing?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please explain: All Individuals have an admission agreement on file and Individuals and their representatives are informed on how to relocate and request new housing.</p>	

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<p><u>Federal Requirement #7:</u> <i>Each individual has privacy in his/her sleeping or living unit:</i> <i>Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors as needed.</i> <i>Individuals sharing units have a choice of roommates in that setting.</i> <i>Individuals have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have a choice regarding roommates or private accommodations? • Do individuals have the option of furnishing and decorating their sleeping or living units with their own personal items, in a manner that is based on their preferences? • Do individuals have the ability to lock their bedroom doors when they choose?
<p>Does the service and/or program meet this requirement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Please explain: Individuals do have the option of furnishing and decorating their rooms with their own personal items in a manner that is based on their preference. However two individuals do not have private accommodations. Facility has 2 private rooms and 1 shared master bedroom which limits them to privacy in their sleeping/living unit and also some challenges to lock their rooms when they choose however they have the freedom to do so.</p>	
<p><u>Federal Requirement #8:</u> <i>Individuals have the freedom and support to control their own schedules and activities, and have access to food at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Do individuals have access to food at any time? • Does the home allow individuals to set their own daily schedules? • Do individuals have full access to typical facilities in a home such as a kitchen, dining area, laundry, and comfortable seating in shared areas?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please explain: Individuals have access to food at any time however they are encouraged and educated on healthy eating. Individuals do have their own set schedule. Individuals have full access to all areas of the facility.</p>	
<p><u>Federal Requirement #9:</u> <i>Individuals are able to have visitors of their choosing at any time.</i></p>	<p><u>Guidance:</u></p> <ul style="list-style-type: none"> • Are visitors welcome to visit the home at any time? • Can individuals go with visitors outside the home; such as for a meal or shopping, or for a longer visit outside the home, such as for holidays or weekends?
<p>Does the service and/or program meet this requirement? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	

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Please explain: Pre-Covid visitors were welcome to visit the home at any time, family visits are highly encouraged including weekend and holiday visits. Facility also participated in many outings and activities of individual choices.

Federal Requirement #10:

The setting is physically accessible to the individual.

Guidance:

- Do individuals have the freedom to move about inside and outside the home or are they primarily restricted to one room or area?
- Are grab bars, seats in bathrooms, ramps for wheelchairs, etc., available so that individuals who need those supports can move about the setting as they choose?
- Are appliances and furniture accessible to every individual?

Does the service and/or program meet this requirement? Yes No

Please explain: Individuals have the freedom to move about inside and outside the home, they are not restricted to one room or area however there are limitations and with covid social distancing the choices were limited. All appliances and furniture are accessible to every individual however there could be challenges with safe operations. There are however some limitations to the physical environment especially both bathrooms could have some accessibility issues depending on the needs of individuals and for them to age in place.

CONTACT INFORMATION

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ACKNOWLEDGEMENT

By checking the box below, I acknowledge that completion of this evaluation is for the sole purpose of applying for compliance funding and does not take the place of future provider assessments that the Department may require to determine provider compliance with the HCBS settings rules.

I AGREE

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Regional center vendors may receive funding to make changes to service settings and/or programs to help them come into compliance with the HCBS rules. To be considered for funding, vendors must complete and submit this form and the provider compliance evaluation form as one packet to the regional center with which it has primary vendorization.

Instructions:

- The concept form on the next page must be used, may not exceed four pages plus the budget worksheet and any cost backup, and must be kept in Arial 12-point font. Submit the form in Microsoft Word or PDF format. An extra half page is permitted to answer questions about prior funding.
- Using a form from previous years will negatively impact a concept score, so please ensure the current FY 20-21 form is used.
- For providers that operate programs with several vendor numbers involved in one concept, one evaluation and concept form should be submitted and should list all vendor numbers for related/included programs. If multiple programs owned by the same parent company have different compliance evaluations or concepts, additional applications can be submitted but should be attached in the same document as the other owned programs so they can be reviewed together.
- The results of the evaluation should be clearly laid out in the section referring to identification of federal requirements that are currently out of compliance, which the concept will address.
- The concept form includes detailed information that describes the funding requests and supports how the requests will assist the provider to come into compliance.
- There should be a clear link between what is being requested and the federal requirement currently out of compliance.
- Concepts should demonstrate how the requested change in service delivery will impact individuals in offering more choices and opportunities.

Strengths of previously funded concepts:

- Identified the need as well as proposed a plan to provide outreach and information regarding the HCBS rules to individuals served and members of their support teams.
- Discussed the need for additional funds to effectively support individuals served on a more individualized basis in overcoming barriers to community integration and employment, as appropriate.
- Prioritized the preferences of individuals served and utilized their feedback in the development of the concept.
- Implemented a sustainable plan for person-centered planning/thinking and training regarding the HCBS rules.
- Enabled individuals to age in place and exercise more choice and independence.

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Vendor name	Sutro Home
Vendor number(s)	HB1001
Primary regional center	Regional Center Of the East Bay (RCEB)
Service type(s)	ARF
Service code(s)	915
Number of consumers typically and currently served	4
Typical and current staff-to-consumer ratio	1:2
<p>1. Please provide a brief description of the service/setting. Include what a typical day consists of during regular program as well as how services are currently being provided. This response must include the baseline/current levels for any aspects of the program for which the concept proposes funding.</p>	
<p>The facility serves 4 individuals, 2 males have private rooms and 2 females have shared rooms. On a regular week, individuals would attend day programs Monday-Friday, 2 individuals might go to their family home for a day in the weekend while the other two stays at the facility. Facility would do a weekend outing to parks, movies, bowling, malls or individual choice of activity and dining. Facility has outdoor seating and a basketball court in the backyard which is enjoyed by most.</p> <p>During COVID-19 stay at home order facility has had many challenges in being creative in how to share the environment with all individuals while practicing social distance and not compromising health and safety. One individual started attending zoom class around May 2020 and there were many challenges in teaching and adopting to the new routine, since the individual is in a shared room she couldn't sit in her room, at her desk and participate in the class without violating the other individual's privacy and unfortunately the individuals have challenges getting along sometimes. Therefore the individual mostly occupies the living room area for her zoom class during most weekdays and hours leaving it to be inaccessible to others.</p>	
<p>Project Narrative Description: While filling out this section, reflect on how services are typically provided and how that might have changed in the past year. Think about what has been learned in the past year and how that might shape services going forward. Funding awarded through this concept can span the course of up to two years which would allow time to shape services to be more person-centered and align with the HCBS federal requirements.</p>	
<p>2. Please provide a brief summary narrative of the concept for which you are requesting funding, including justification for the funding.</p>	
<p>1(a). Facility is requesting funding to modify the master bedroom that is shared by two individuals to be converted into two private bedrooms to give individuals access to their private space, private sleeping unit as when one is having an emotional breakdown it causes the other to escalate and disturbs the entire home. This will allow them to be able to lock their doors as they choose and have their personal space and a better quality of life and opportunity for isolation in case of any exposure/infection. This will also allow both individuals to attend their zoom class in the privacy of their rooms and have the common area accessible to others. This Funding could meet Fed requirement # 7 & #10.</p> <p>1(b). Facility is requesting funding for modifications to both bathrooms which also has bathtubs to be removed and replaced with an accessible stand in shower and grab bars. This will allow the individual who is visually impaired to be more</p>	

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independent and the other individual who is aging to be aging in place more safely and accommodate any change in conditions.

2. Facility is also requesting to make environmental modifications to accommodate more outdoor seating and activities. Facility has two gates on the side of the house which limits outdoor space usage to the backyard. With COVID limitations there were not much options for outdoor activity but the backyard. Facility is requesting funding to remove the two side gates, install gates in the front yard including the driveway which will create a safe and secured space accessible in the front yard for seating and other activities, also to meet friends and families, this will also open the entire parameters of the house for walks and exercises and provide more opportunities for activities in a safe environment. This is greatly needed for the current economic situation. (Fed Requirement # 10)

3. Facility would also like to request funding for a vehicle, with more seating and wider dimensions to allow spacing between individuals to avoid conflicts and ensure safe distancing. Current issues is overstimulating behaviors of some individuals causing anxiety to others and they react in a negative manner which is a major health and safety issue especially during transit. This limits outings to short distance and closer to facility locations while all enjoy going out. A vehicle with wider dimensions and increased seating capacity will allow safe distancing between individuals and avoid physical altercations. This could meet Fed requirement # 10.

3. Identify which HCBS federal requirements this concept addresses that are currently out of compliance. Could be all or a subset of those identified as out of compliance on the evaluation.

1__ 2__ 3__ 4__ 5__ 6__ 7_*__ 8__ 9__ 10_**__

4. For each HCBS out-of-compliance federal requirement that is being addressed by this concept, describe the barriers to compliance and why this concept is necessary. If this information is in the evaluation section, please copy it here.

1. Inability for the home to provide private sleeping units
2. Inability for the home to provide accessible bathrooms for individuals with change in condition and for them to age in place successfully while maintaining their independence and safety.
3. Limitations to accessible space considering social distance, home has limited common areas for individuals to socialize or spend time at.
4. The home uses a regular 5 seater van for transportation and it limits social distancing and length of time individuals are engaged in outings due to overstimulation and behaviors, a larger vehicle will enable safe distancing between individuals and promote safer community integration opportunities.

5. For each out-of-compliance federal requirement that is addressed in this concept, please explain how the concept will bring the vendor into compliance by March 2023.

1 – Vehicle- Increased opportunity to safely access the community and activities

7- Bedroom Modifications- Privacy to sleeping unit and locked doors. Increase opportunity for others to common areas

#10-Bathroom Modifications - will make both bathrooms accessible to the individuals and promote their independence and safety.

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<p># 10 – Fence, Gate, Seating - increased opportunity for more accessible common areas</p>
<p>6. What are the proposed outcomes and objectives of the concept, and what are the methods of achieving and tracking them?</p>
<p>1. The proposed outcome of the vehicle is to have more successful outings in the community without any incidents or outbursts, individuals will be able to tolerate each other and facility will be able to manage the behaviors better with safe distancing. Measurable by successful outings without altercations.</p> <p>2. The proposed outcome of the bedroom modifications is to allow individuals to have their private sleeping units, manage/avoid altercations which can be measured by decrease in opportunities for them to have disagreements.</p> <p>3. The proposed outcome for the bathroom modifications will be to have the bathrooms more accessible which will promote independence and safety for individuals. This can be measured by task analysis and progress made towards achieving independence and safety.</p> <p>4. The proposed outcome for modifications to the front gate, fence and adding seating and activities will promote a safer and accessible area and increase the parameters of the home that the individuals can utilize safely for example walking, swinging, sitting in shade, help with their stress and anxiety measurable by individual use of area and satisfaction.</p>
<p>7. Please describe how and/or what was done to include input from the individuals served in developing this concept? Discuss not only the development of the concept, but also what steps were taken to identify the interests and desires of the individuals and who was involved in that process.</p>
<p>Individual interviews, IDT input, observations, risk assessments, a person centered approach was used to identify the needs to develop this proposal. All individuals come from very different environments with different social skills, and have many challenges. Behavior plans and tracking data, causes of behavior, Individual preferences, Needs and Service Plans, assessment of stay at home order and impact on Individuals served were all utilized to develop this concept. These environmental changes that is proposed can definitely help reduce overstimulation, level of anxiety, and create better opportunities for integration, relaxation and an outlet to reduce some negative behaviors.</p>
<p>8. Please describe how the concept you propose will enable you to provide more person-centered services to your clients.</p>
<p>The concepts have been developed considering the needs of the individuals and is very person centered for example private rooms will ensure right to privacy, dignity. Modifications to bathroom with ensure safety and independence. Fence and gate will create more safe room outdoor for the individuals to have more accessible rooms to walk, pace, sit, de-escalate, escape when they are stressed or need to get away from a situation, it would also create a safer environment when the individuals need to be moved from an area due to other individuals behaviors. Bigger van will give them a sense of space and avoid overstimulation which mostly results in negative behaviors so this concept can allow safe transportation, increased and successful community engagement/inclusion.</p>

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9. Please address your plan for maintaining the benefits, value, and success of your project at the conclusion of 2020-21 HCBS Funding.	
Facility will maintain insurance and ongoing maintenance of property and vehicle and absorb all future operating costs. Administrator will ensure that the individuals maximize in each area by reviewing scheduled activities for outings, orientation of the new environment to the individuals, development of trainings to develop independence in utilization to promote their health and safety. The individuals can maximize the value and benefits of this concept for as long as the facility exists.	
10. Write a brief narrative below explaining each major cost category and timeline. Complete the budget template at the end of the concept sheet. An excel version with formulas is available. When applicable, budgets should include personnel/benefits, operating costs such as consultants or training, administrative expenses/indirect costs, and capital costs (assets lasting more than 2 years). If project spans 2 years or occurs in phases, budget should be separated by phase/year. Administrative costs, if any, must comply with DDS' vendor requirements, including a cap of 15% of the sum of personnel/benefits, consulting, and operating costs (must exclude capital costs). This information can be found at this link .	
Bathroom & bedroom Modifications- \$ 15,000 6 months to 1 year Fence, Gate ,Outdoor Furniture & Activities- \$15,000 6 months to 1 year Vehicle - \$45,000(3 months)	
11. Please address sustainability of funding sources for all programs or concepts requiring any funding past the timeframe of the requested funding, especially those that involve staff or other long-term costs. Please mark "not applicable" if costs will all be incurred during the program timeframe; up to two years.	
NA	
12. Have you or the organization you work with been a past recipient of DDS funding? If yes, what fiscal year(s)?	HCBS Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____ Disparity Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____ CPP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____ CRDP Funding <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. If Yes, FY(s) _____ If yes to any question be sure to answer questions 13 and 14.
For providers who have received prior HCBS, Disparity, CPP or CRDP Funding from DDS	
13. If your organization has received prior funding from any of the above sources, please provide an update on the prior funding project. You may copy and paste from progress update(s) previously provided to regional centers or DDS.	
NA	
14. If your organization received prior funding, please explain how the current funding request is not redundant with any prior funding received and/or builds on the prior funding but was not part of the original funding.	
NA	

HCBS CONCEPT BUDGET	\$ 75,000
Vendor Name	Sutro Home
Vendor Number(s)	HB1001

	Year 1 Budget			Year 2 Budget		Total
	Wage and Benefits	FTE	Annual Cost	FTE	Annual Cost	Cost
Personnel (wage + benefits)						
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
			\$ -		\$ -	\$ -
Personnel Subtotal			\$ -		\$ -	\$ -
Operating expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Operating Subtotal			\$ -		\$ -	\$ -
Administrative Expenses						
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
Administrative Subtotal			\$ -		\$ -	\$ -
Capital expenses						
Planning, Structural & Construction						\$ -
1. Modification to 2 Bathrooms & 1 bedroom			\$ 15,000			\$ 15,000
2. Fence, Gate, outdoor furniture & activities			\$ 15,000			\$ 15,000
3. Vehicle			\$ 45,000			\$ 45,000
						\$ -
						\$ -
						\$ -
						\$ -
Capital Subtotal			\$ 75,000		\$ -	\$ 75,000
Total Concept Cost			\$ 75,000		\$ -	\$ 75,000

See Attachment F for budget details and restrictions